

FILED JUN 27 1947

Registration District No. 47

Primary Registration District No. 5137

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Any vasse, mo Anyvase
(c) Name of hospital or institution:
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Any vasse, mo
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Alice Hendrix

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wlad 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 5 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Calwood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Bell
13. Birthplace Rocky Mt. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bell
15. Birthplace D. K. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Healdoff
(b) Address Any vasse, mo.

17. (a) Burial (b) Date thereof June 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Any vasse cemetery

18. (a) Signature of funeral director Hughes Marquis

(b) Address Any vasse, mo.

19. (a) 6-13-1947 (b) J. M. Mouchoff
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-7-47 to 6-9-47 that I last saw him alive on 6-9-47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 43A

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Manner of injury _____

Signature G. B. Nichols (M. D. or other)

Address Any vasse, mo. Date signed 6-12-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 26 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hughes Kaufman.....

Licensed Embalmer No. 2358.....

P. O. Address Auxvasse, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.